SPECIALTY INFUSION CENTER
An Access Infusion Care Company

LEQVIO (INCLISIRAN ORDERS)

CENTERS AT SIC
An Access Infusion Care Managed Company

PATIENT INFORMATION	PRESCRIBER INFORMATION
Patient Name: _____	Prescriber Name: _____
Address: _____	NPI: _____
City, State, Zip: _____	Address: _____
Cell: _____ Email _____	City, State, Zip: _____
Height _____Weight _____kg Last 4 of SSN: _____DOB: _____	Phone: _____Fax: _____
Allergies: _____	Contact Person: _____

REFERRAL STATUS	
☐ New Referral	First dose? ☐ Yes ☐ No - Date of last infusion:_____
☐ Dose or Frequency Change	
☐ Continuation Order	

DIAGNOSIS (MUST SELECT ONE)	
Hypercholesterolemia: ☐ E78.00 ☐ E78.2 ☐ E78.49 ☐ E78.5	Secondary ICD Code (recommended for hypercholesteremia)
Familial hypercholesterolemia: ☐ E78.011 ☐ E78.019	☐ ICD-10 CODE: _____
☐ ICD-10 CODE: _____	

REQUIRED DOCUMENTATION	
• This signed order form by the provider • Patient demographics and insurance information • H&P, labs, tests, and progress notes supporting diagnosis	• Prior Therapies: _____

PRESCRIBING INFORMATION

Medication	Dose/Strength	Directions	Quantity
Inclisiran (Leqvio)	284 mg/ 1.5 ml	☐ Initiation Inject 284 mg subcutaneously x 1 dose, repeat in 3 months ☐ Maintenance Starting 6 months after 2nd dose, inject 284 mg subcutaneously every 6 months x 2 doses	1 PFS Refill x 1 1 PFS Refill x 1

☐ Lab Work every _____ ☐ CMP ☐ CBC w dif ☐ CRP ☐ Sed Rate ☐ _____

PIV: Flush with 3–10 mL of 0.9% sodium chloride before and after the infusion PICC/Midline: Flush 10 mL 0.9% NS before/after, then 3 mL Heparin 10 units/mL final flush Port: Flush 10 mL 0.9% NS before/after, then 5 mL Heparin 100 units/mL final flush	RN to manage VAD per company protocol and administer ordered therapy per manufacturer guideline Post-Infusion: Use 50 ml 0.9% NS bag to flush residual priming volume

EMERGENCY MEDICATION

Administer the following medications as needed for infusion-related reactions per company protocol:

Adults (>40 kg): Diphenhydramine 25–50 mg PO or IV slow push (2–5 min); Acetaminophen 325–650 mg PO; Methylprednisolone 125 mg IV slow push (≥5 min); Epinephrine 0.3 mg IM/SQ, may repeat ×1; 0.9% NS 500 mL IV over 30–60 min, may repeat ×1 for hypotension.

Pediatrics or Adults under (<40 kg): Diphenhydramine 25 mg PO or IV slow push (2–5 min); Acetaminophen 325 mg PO; Methylprednisolone 40 mg IV slow push (≥5 min); Epinephrine 0.15 mg (<30 kg) or 0.3 mg (>30 kg) IM/SQ, may repeat ×1; 0.9% NS 500 mL IV over 30–60 min, may repeat ×1 for hypotension.

Oxygen (AIC/AIS only): 1–6 L/min via NC or face mask; titrate to maintain SpO_2 95–100%.

Prescriber Signature X: _____ X: _____

Product Substitution Permitted: ____ Date: _____ Dispense as Written: ____ Date: _____

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Print, complete, and fax completed form to: (855) 857-3834